September 10, 2018
Brendan Carr
Commissioner
Federal Communications Commission
445 12th Street, SW
Washington, DC 20554

RE: WC Docket. No. 18-213, Comments on Notice of Inquiry for "Promoting Telehealth for Low-Income Consumers"

Dear Commissioner Carr,

The University of Vermont (UVM) Health Network appreciates the opportunity to comment on the recently approved Connected Care Pilot Program proposal. The UVM Health Network is a six-hospital system with more than 3,000 providers, including 1,000 physicians, serving Vermont and the North Country region in New York. The Network also includes the Visiting Nurse Association of Chittenden and Grand Isle Counties, which provides nursing, hospice, and therapeutic services in patients' homes and other community settings.

The Network's three hospitals located in Vermont are the University of Vermont Medical Center, the Central Vermont Medical Center, and Porter Medical Center. The University of Vermont Medical Center is a regional referral center for approximately one million people and a community hospital for 160,000 residents of Chittenden and Grand Isle counties. The UVM Medical Center is comprised of more than ten primary care clinics as well as multiple campuses that provide the full range of tertiary-level inpatient and outpatient services. The Central Vermont Medical Center is the primary health care provider for more than 65,000 people living in central Vermont, and Porter Medical Center operates a network of primary care and specialty medical practices throughout Addison County. The UVM Health Network has three hospitals that serve rural communities in Northern Country: the Champlain Valley Physicians Hospital; the Alice Hyde Medical Center; and Elizabeth Community Hospital, which is a CMS-designated critical access hospital that is the primary health care provider for nearly 40,000 people.

Due to our Network's significant presence in rural communities, we are highly committed to increasing access to quality healthcare for our most geographically isolated patients. Telehealth is one part of our strategy to reach out to these patients: our Network is developing approximately 25 programs related to telehealth video visits, with the largest program providing telestroke services. We also have a telepsychiatry program for long-term care patients and have started to draft a more comprehensive behavioral health strategy that uses telemedicine services. As patients living in rural areas may be unable to travel hours to Burlington to receive specialty care, our telehealth programs would allow patients to connect to specialists via video consultations, either from the patient's home or nearby primary care offices. Our telehealth programs also enhance access by supporting primary care, urgent non-emergency care, and follow-up care for patients who may have travel restrictions.

The Commission states that low-income Americans, including those living in rural areas, are the target population of the proposed pilot program. Due to our experience in caring for rural

residents and finding solutions to increase access to care for these patients, we believe that our comments may be useful as the Commission develops the specifications for the program.

Our comments are in response to part B of the Notice of Inquiry, regarding the Structure of the program:

- **Item number 32:** We believe that the Commission should select pilot projects based on whether they address specific health issues. We believe that one priority of the program should be to increase access to specialty care in rural areas through the use of video consult services. This is a crucial concern for the geographically isolated patients we serve, especially for specialties including rheumatology, psychology, palliative care, endocrinology, and neurology.
- **Item number 34:** We would like to respond to the Commission's questions on limiting participation to health care providers serving a certain percentage of Medicaid-eligible patients. We believe that if more restrictive processes are used to determine eligibility of patients to be served by the program, innovation and operations will be stymied and may prevent funds from being used efficiently.
- **Item number 35:** In response to whether location may be considered as a factor in selecting participating clinics and hospitals, we do not believe that the pilot program should be restricted to clinics and hospitals in rural areas. However, we do believe that priority could be given to projects that seek to increase coverage and access in rural areas.
- **Item number 42:** The Commission has stated that the pilot program would provide funding for broadband connectivity services for clinics and hospitals to conduct the project. We would recommend the Commission to consider allowing funds to be used for subsidies for consumers in addition to potentially providing funding for end-user devices that are referenced in item number 47.
- **Item number 49:** We agree with the program's proposed number of 20 pilot projects selected and the total support amount of a maximum of $5 million for each project.
- **Item number 51:** We agree with the program's proposed duration of 2-3 years for the funding period.

We welcome the opportunity to work with the Commission on the development of the Connected Care Pilot Program.

Sincerely,
Howard Schapiro, MD
Chief Clinical Integration Officer
University of Vermont Health Network